

For Department of Personnel Use Only

Date Logged: _____ Response Due Date: _____

APPEAL OF CLASSIFICATION
Library & Archives Occupational Group Study

The Department of Personnel has reviewed all of the information obtained during this study and recommended a classification and grade level for your position. Our classification recommendations are based on seven factors: nature and complexity of work; knowledge, skills and abilities required; supervisory/managerial responsibility; independence/supervision received; scope of responsibility/consequence of error; authority to take action/decision-making; and personal contacts.

Per NAC 284.152, you may file an appeal of the classification recommendation for your position with the Director of Personnel within 20 working days. If you wish to appeal the recommendation for your position, please answer the following questions as appropriate.

PLEASE PRINT

Name	Phone #	Current Class Title	Position Control #
Department		Division	Budget Acct #
Supervisor's Name	Phone #	Personnel's Proposed Class Title	Proposed Grade

1. I wish to appeal the **class** to which my position was allocated based on one or more of the reasons listed below:
(Check all that apply and provide an appropriate explanation for each. Attach additional pages if necessary.)

☐ A. My position should be classified at a different **level** in the class series. *(Please identify the appropriate level and briefly explain why your position meets the definition stated in the class concepts for that level in the series.)*

☐ B. My position should be classified to a different **class series**. *(Please indicate which class series and briefly explain why your position meets the definition for that class.)*

- ☐ C. My position has experienced major changes in the duties which are not reflected in the work performance standards (WPS) submitted for this study. *(Please describe duties that have been added which were not included on your original WPS. **List new duties only** and include the % of time you perform them.)*

New Duties	% of Time

CERTIFICATION: I certify the new duties described above are correct and complete. Changes were/will be effective on _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

- ☐ D. Other reason for appeal. *(Please describe in detail.)*

2. If you are not appealing the class to which your position was allocated, what is the basis of your appeal?

3. ☐ I do not wish to appeal the classification recommendation for my position. However, I suggest changes to the class specification for my class. *(Please attach a copy of the class specification with your suggestions. Remember, the class specification is a general description of all positions in the class.)*

Once completed, please forward a copy to your agency's personnel office, and submit the original to the Director of Personnel, c/o Debra Berry, 209 East Musser Street, Room 101, Carson City, Nevada 89701-4204.